

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034953

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 322

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kirkville

Length of stay in 1b

5 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR

Kirkville Osteopathic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Adair

c. CITY

Kirkville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

502 E. Harrison

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

HENRY

Elmer

Skinner

4. DATE OF DEATH

Month

Day

Year

October 2 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never married ☐ Married ☒

8. DATE OF BIRTH

12/9/91

9. AGE (last birthday)

71

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Wayne County, Iowa

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

Henry Skinner

13b. MOTHER'S MAIDEN NAME

Susan Stout

14. NAME OF HUSBAND OR WIFE

Anne Foreman Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Anne F. Skinner, Kirkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

9 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CHRONIC Glomerulo Nephritis

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. MONTH, DAY, YEAR

20g. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20h. PLACE OF INJURY (e.g., in or about farm, factory, street, office bldg., etc.)

20i. CITY, TOWN, OR LOCATION

20j. COUNTY

20k. STATE

21. I attended the deceased from

9/23/63

to 10/2/63

and last saw him alive on 10/2/63

21a. Death occurred at

11:55 A

m on the date stated and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Kirkville, Mo.

22c. DATE SIGNED

10/3/63

23a. BURIAL OR CREMATION, REMOVED (Specify)

Burial

23b. DATE

10/4/63

23c. NAME OF CEMETERY OR CREMATION

Highland Park

23d. LOCATION (City, town, or county)

Kirkville, Adair, Mo.

24. FUNERAL DIRECTOR

24a. ADDRESS

Foster Memorial Home, Kirkville, Mo. Oct 5, 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Noris W. Ratliff

No permit issued

Ed Bestmann, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Nova E. Foster*
NOVA E. FOSTER

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.